## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) AFTER 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. AS FILED DEP. IND. DEP. DEP. DEP. , , 李 \$

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TOTAL IND.

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 $^\star$  MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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